2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

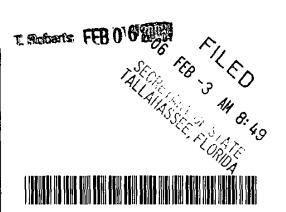
DOCUMENT # P96000038011

1. Entity Name WELLINGTON PHYSICIAN ALLIANCES, INC.



Principal Place of Business 10101 FOREST HILL BLVD WEST PALM BEACH, FL 33414 Mailing Address 367 S GULPH ROAD PO BOX 61558

KING OF PRUSSIA, PA 19406-0958 US



01172006

No Chg-P

CR2E034 (11/05)

23-2846710	Not Applica
4. FEI Number	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

licable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, an	nd accept
	the obligations of registered agent.		
	•		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALAN B 367 S GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FILTON, STEVE 367 S GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, BRUCE R 367 S GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: